

**NEW YORK STATE DEPARTMENT OF HEALTH  
VITAL RECORDS SECTION**

**Application to Local Registrar  
for Copy of Birth Record**

**Fee: \$15 per copy**

**Identification Requirements:** Application *must* be submitted with copies of either A or B.  
(Note: Copy of Passport required if request is made from a foreign country that requires a U.S. Passport for travel.)  
A. One (1) of the following forms of valid **photo-ID**: **-OR-** B. Two (2) of the following showing the applicant's name and address:

- Driver license
- Non-driver photo-ID card
- Passport
- Employment ID
- Utility or telephone bills
- Letter from a government agency dated within the last six (6) months

Name: <i>(as listed on birth certificate)</i>			Date of Birth:
<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>(mm / dd / yyyy)</i>

Town, city or village where birth occurred:	Name of hospital where birth occurred: <i>(If known)</i>
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Maiden Name of Mother: <i>(as listed on birth certificate)</i>			Local Registration No.: <i>(If known)</i>
<i>First</i>	<i>Middle</i>	<i>Maiden Last</i>	

Father: <i>(as listed on birth certificate)</i>			Number of Copies Requested:
<i>First</i>	<i>Middle</i>	<i>Last</i>	

Purpose for which Record is Required: *(Check one)*

<input type="checkbox"/> Passport	<input type="checkbox"/> Employment	<input type="checkbox"/> Driver license	<input type="checkbox"/> Veteran's benefits
<input type="checkbox"/> Social Security	<input type="checkbox"/> Working Papers	<input type="checkbox"/> Marriage license	<input type="checkbox"/> Court proceeding
<input type="checkbox"/> Retirement	<input type="checkbox"/> School entrance	<input type="checkbox"/> Welfare assistance	<input type="checkbox"/> Entrance into Armed Forces
<input type="checkbox"/> Other <i>(specify)</i> _____			

**If request is not from child/parents named on the requested certificate, notarized authorization is required.**

What is your relationship to person whose record is required? <i>(If self, state "SELF".)</i>	If attorney, give name and relationship of your client to person whose record is required:
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Signature of Applicant:	Date Signed:	<b>FOR REGISTRAR'S USE ONLY</b> <i>(Photocopy ID and attach to application form)</i>				
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">Month</td> <td style="width: 33%; text-align: center;">Day</td> <td style="width: 33%; text-align: center;">Year</td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> </tr> </table>		Month	Day	Year	
Month	Day	Year				
Address of Applicant:	Last 4 Digits of Credit Card:	Type of ID:				
		<input type="checkbox"/> Driver License				
		Issuing state: _____				
		Expiration date: _____				
		Number: _____				
		<input type="checkbox"/> Other ID, Specify				
		Number: _____				
		Type: _____				
		Number: _____				
		Type: _____				